

For office use only
Tuition amount _____
Check amount _____
Check # _____
Check date _____
Date recorded _____
Recorded by _____
SHP-909G 03/01

MISSOURI STATE HIGHWAY PATROL LAW ENFORCEMENT ACADEMY

DEPARTMENT OF PUBLIC SAFETY

APPLICATION FOR TRAINING

Mail to:

Missouri State Highway Patrol
Law Enforcement Academy
Post Office Box 568
Jefferson City, MO 65102

Telephone: (573) 751-3626
MULES Terminal: MAC 3
FAX Number: (573) 751-6627

**Your enrollment cannot be confirmed until this application is filled out completely and returned.
DO NOT send payment with this application. An invoice will be sent when enrollment is confirmed.**

STUDENT IDENTIFICATION INFORMATION

(Type or print)

NAME _____ SOCIAL SECURITY # _____
(Last) (First) (MI)

RANK _____ POSITION _____

HOME ADDRESS _____
(Street) (City) (Zip Code)

HOME PHONE () _____ DOB _____ SEX _____

Many of the courses conducted at the Academy require physical participation that may range from defensive tactics training to field training projects. The applicant certifies he or she can fully participate in the named course and that the State of Missouri, the Department of Public Safety, the Missouri State Highway Patrol, and any of their employees are released from any and all liability as a result of any injury or disability incurred by the applicant while a student at the Law Enforcement Academy. If special accommodations are required to facilitate attendance, contact the Academy prior to the beginning of the course.

APPLICANT'S SIGNATURE

SCHOOL INFORMATION

NAME OF COURSE _____

DATE OF COURSE _____ LODGING REQUIRED: YES _____ NO _____

DEPARTMENT INFORMATION

DEPARTMENT NAME _____

DEPARTMENT ADDRESS _____
(Street) (City) (Zip Code)

DEPARTMENT TELEPHONE NUMBER () _____ FAX NUMBER () _____

DEPARTMENT ORI _____ FEDERAL TAX I.D. # _____

NAME OF DEPARTMENT HEAD (Type or print) _____

TITLE OF DEPARTMENT HEAD _____ DATE _____

I certify that this department has full police powers and that the above named applicant is a regular officer, reserve officer, or civilian employee.

AUTHORIZED BY: NAME _____ SIGNATURE _____
(Type or print)